# **Multiple Endoscopy Reduction**

### **Rules Committee Recommendation**

## Multiple Endoscopy Reduction reporting rule

#### Context

Colorado enacted the Medical Clean Claims Transparency and Uniformity Act in 2010. The act established a task force of industry and government representatives to develop a standardized set of health care claim edits and payment rules to process medical claims. It requires the task force to submit to the General Assembly and Department of Health Care Policy & Financing a report and recommendations for a uniform, standardized set of payment rules and claim edits to be used by all payers and providers in Colorado.

The existing statute also requires that contracting providers be given information sufficient for them to determine the compensation or payment for health care services provided, including: the manner of payment (e.g., fee-for-service, capitation); the methodology used to calculate any fee schedule; the underlying fee schedule; and the effect of any payment rules and edits on payment or compensation, C.R.S. 25-37-103.

If the coding reported does not adhere to this rule, the payer may make a decision to deny the claim line. This will be communicated on an electronic remittance advice (ERA) with a HIPAA Claim Adjustment Reason Code (CARC) and as appropriate a Remittance Advice Remark Code (RARC) to explain the reason for the chosen action. If an ERA is not utilized, the payer may use a clearly defined payer adjustment code, on a paper remittance advice.

#### **Modifier Involved**

#### 51 - Multiple Procedures

This rule is applicable for the specific situations identified for these modifiers. There may be appropriate situations where multiple modifiers apply, however they are not covered in this rule

## Multiple endoscopy reduction rule

The Multiple Endoscopy Reduction rule applies when two or more endoscopic procedures within the same family are performed by the same physician or other qualified healthcare provider for the same patient for the same surgical/procedure session. Subsequent procedures within the same family may be subject to a reduction.

#### **Multiple Endoscopy Reduction Indicators**

The MPFS column labeled MULT PROC provides seven indicators (0,1, 2, 3, 4, 5 and 9) used to identify procedure codes for which the payment adjustment rule for multiple procedures applies to a service. The Multiple Endoscopy Reduction rule applies only when two or more procedures with the eligible indicator (3) are billed by the same physician or other qualified healthcare provider for the same patient for the same surgical/procedure session.

For those procedure codes with an indicator of 3, the MPFS column labeled ENDO BASE identifies the applicable base endoscopy procedure code/family. An endoscopic family within the CPT code book, consists of the base procedure and all of the indented procedure codes that follow when they are performed at the same time as the base endoscopy procedure; i.e. they share the same ENDO BASE procedure code.

## Coding and adjudication guidelines

The following procedures apply when billing for multiple endoscopic surgeries by the same physician on the same day.

- Report the more major endoscopic procedure without the multiple procedures modifier "-51."
- Report additional endoscopic procedures performed by the surgeon on the same day with modifier "-51."

There may be instances in which two or more physicians each perform distinctly different, unrelated endoscopic or other surgeries on the same patient on the same day (e.g., in some multiple trauma cases). When this occurs, the payment adjustment rules for multiple surgeries may not be appropriate. In such cases, the physician does not use modifier "-51" unless one of the surgeons individually performs multiple surgeries

#### **Multiple Endoscopy Reduction**

Standard multiple procedure reduction adjustment rules are used to calculate reimbursement for endoscopic procedures within the same family

- Endoscopic procedures are ranked in descending order based on the appropriate facility or non-facility RVU. If two or more procedures are of equal value, rank them in descending dollar order billed and base payment adjustments as if the second procedure has a lesser RVU value.
- If the endoscopy and its base procedure are the only endoscopies submitted, the base endoscopy will not be reimbursed separately. It is included in the other procedure.

  In the MPFSDB these procedures are identified in the multiple procedure field with an indicator 3 and the base procedure code is located in the endo base column. Examples of procedures with a multiple procedure indicator 3 are colonoscopies, arthroscopies, and cystoscopies.

#### Multiple Endoscopy Example (Same Family)

Determine the highest valued endoscopic procedure (not subject to the multiple endoscopy rule)

For the other endoscopic procedures in the same family, apply the standard multiple procedure reduction

#### **EXAMPLE**

In the course of performing a fiber optic colonoscopy (Current Procedural Terminology (CPT®)¹ code 45378), a physician performs a biopsy on a lesion (code 45380) and removes a polyp (code 45385) from a different part of the colon. The physician bills for codes 45380 and 45385. The value of codes 45380 and 45385 have the value of the diagnostic colonoscopy (45378) built in. When multiple procedures are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s).

In this example, 45385 is reported without a modifier 51 and is not subject to an adjustment, Code 45380 is subject to adjustment. Append modifier 59 to 45380 to indicate that the polyp removal and lesion removal were at separate site and both should be considered.

45385 45380 – 51 - 59 Subject to adjustment

NOTE: If an endoscopic procedure with an indicator of "3" is billed with the "-51" modifier with other procedures that are not endoscopies (procedures with an indicator of "1"), the standard multiple procedure reduction rules apply. (Refer to the Multiple procedure reduction rule for more information)

Apply the following rules when <u>multiple endoscopy procedures in different families or in combination with other procedures with MPFS Indicators of 2or 3 are performed on the same day:</u>

Procedure Performed	Rules Applied
Two unrelated endoscopies (e.g., 46606 and 43217)	Apply the usual multiple procedure reduction rules.
Two sets of unrelated endoscopies (e.g., 43202 and 43217; 46606 and 46608)	Apply the multiple endoscopy reduction rules to each series, then     Apply the usual multiple procedure reduction rules.  (Consider the total payment for each set of endoscopies as one service. Set the primary/secondary order based on the corresponding adjustment to the RVUs for the combined procedures.)
Two unrelated endoscopies and a third, unrelated procedure	Apply the usual multiple procedure reduction rules.
Two related endoscopies and a third, unrelated procedure	Apply the multiple endoscopic reduction rules to the related endoscopies, then     Apply the usual multiple procedure reduction rules. (Consider the total payment for the related endoscopies as one service and the unrelated endoscopy as another service.)

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#### Rationale

The following rationale was used to formulate the Rule Committee Recommendation:

- The CPT coding guidelines and conventions and national medical specialty society coding guidelines were reviewed.
- The CPT descriptions for multiple endoscopies and modifier 51 were selected.

#### **MCCTF** comment

N/A

### **Modifier Definitions**

## 51 - Multiple Procedures

When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D in the CPT code book).<sup>2</sup>

#### Additional definitions

#### **Intraoperative Services**

All intraoperative services that are normally included as a necessary part of a surgical procedure are included in the global package.

## Pre-service and post-service work

The work involved in actually providing a service or performing a procedure is termed "intra-service work." For office visits, the intra-service period is defined as patient encounter time; for hospital visits, it is the time spent on the patient's floor; and for surgical procedures, it is the period from the initial incision to the closure of the incision. (ie, "skin-to-skin" time).

Work prior to and following provision of a service, such as surgical preparation time, writing or reviewing records, or discussion with other physicians, is referred to as "pre-service and post-service work." When pre-service, intra-service, and post-service work are combined, the result is referred to as the "total work" involved in the service. For surgical procedures, the total work period is the same as the global surgical period, including recovery room time, normal postoperative hospital care, and office visits after discharge, as well as preoperative and intraoperative work. (page 28)

## Multiple endoscopy indicator definition

The following is the indicator definition that is outlined in the MPFS in the column labeled MULT PROC for multiple endoscopic procedures<sup>3</sup>. This field provides an indicator that indicates which payment adjustment rule for multiple procedures applies to the service.

3 = Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in field 31G of the Form CMS-1500 or its

<sup>&</sup>lt;sup>2</sup> Current Procedural Terminology (CPT®), Fourth Edition. 2013. American Medical Association.

<sup>&</sup>lt;sup>3</sup> Information taken from "<u>How to Use the Searchable Medicare Physician Fee Schedule (MPFS)</u>", Centers for Medicare & Medicaid Services.

electronic equivalent claim. The multiple endoscopy rules apply to a family before ranking the family with other procedures performed on the same day (for example, if multiple endoscopies in the same family are reported on the same day as endoscopies in another family or on the same day as a non-endoscopic procedure). If an endoscopic procedure is reported with only its base procedure, the base procedure is not separately paid. Payment for the base procedure is included in the payment for the other endoscopy.

## **Federation Outreach**

- American Academy of Othopaedic Surgeons (AAOS)
- American Academy of Otolaryngology Head and Neck Surgery
- American College of Radiology (ACR)
- American College of Surgeons (ACS)
- American College of Gastroenterology (ACG)
- American Congress of Obstetricians and Gynecologists (ACOG)
- American Gastroenterological Association (AGA)
- American Society for Gastrointestinal Endoscopy (ASGE)
- College of American Pathologists (CAP)
- The AMA Federation Payment Policy Workgroup

